

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/27/03.

I. DISPUTE

Whether there should be **additional** reimbursement of \$717.14 for DME provided on date of service 11/04/02. The Respondent's original EOB denied reimbursement as "M – NO MAR SET BY TWCC-REDUCED TO FAIR AND REASONABLE." Their request for reconsideration EOBs denied reimbursement as "F – Fee Guideline MAR Reduction." There is no MAR value for DME. Therefore, this dispute will be reviewed according to the Medical Fee Guidelines.

II. RATIONALE

E-0236-NU Water Circulating Unit; E0245-NU Shower Chair; E0215-NU Thermophore/Moist Heat (STD)

The modifier "-NU" is not recognized in the '96 MFG. For this reason, the Medical Review Division is unable to determine proper reimbursement. Since "-NU" is an unrecognized modifier, **no additional** reimbursement is recommended.

L0510 Corset (LSO) (Custom Fabricated); E1399 Water Circulating Pad; E1399 Shower Head/Hose EXT; E0244 Raised Toilet Seat (W/Clip Lock); E1399 Cold Therapy Cooler Wrap

Texas Labor Code 408.027 (c), Commission Rule 133.304 (i) (1-4) and 133.307 (j) (1) (F) places certain requirements on the Carrier when reducing the billed amount to fair and reasonable. The Carrier is required to develop and consistently apply a methodology to determine fair and reasonable reimbursement and to explain and document the method used for the calculation. The Respondent was given the opportunity to respond. A response was not noted in the Commission's case file. The Requestor billed \$745.00 and was reimbursed \$360.63 by the Respondent. However, the Respondent has denied the disputed service as reflected above and has failed to support how their reimbursement represents what would represent a fair and reasonable allowance for the HCPCS codes listed above. In this case the Respondent has failed to support their position that the amount reimbursed represents a fair and reasonable allowance. The Requestor has provided some sample EOBs to support that the fees billed were consistently charged. Therefore, additional reimbursement of **\$384.37** is recommended. (\$745.00 billed - \$360.63 paid by Respondent = \$384.37)

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor **is** entitled to additional reimbursement for the referenced CPT codes in the amount of **\$384.37**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$384.37** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 11th day of August 2003.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd